



City of Lynchburg – Inspections Division

City Hall, Second Floor, 900 Church Street, Lynchburg, VA (434) 455-3910 Fax (434) 845-7630

Plan Review Submission Request

CONTACT INFORMATION:

Date: _____ Review Requested By: _____

Relationship to Owner: ☐ Self ☐ Immediate Family ☐ Contractor ☐ Design Professional

Address: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Mobile: _____

E-Mail: _____

Other Contact Information: _____

PROPERTY INFORMATION:

Parcel ID # (PIN): _____ Location of Property: _____

Legal Owner of Property: _____

PLAN REVIEW REQUEST:

Type of Work To Be Done: ☐ New Construction ☐ Addition ☐ Renovation ☐ Repair

Description of Project: _____

Total Cost of Construction (see instructions attached): \$ _____ Est. Project Start Date: _____

THE FOLLOWING COVER SHEET DATA MUST BE ON ALL PLANS SUBMITTED:

Plans Submitter and Contact Information
Proper Code Editions
Type Occupancy (s)
Building Areas; Actual and Allowed (with heated and unconditioned areas)
Type Construction
Flood Zone Information (if applicable)
Number of Units
Number of Stories
Horizontal Separation Distances
Fire Resistance Ratings
Fire Protection (sprinklered, non-sprinklered, alarms)
Occupant Load
Fire Rated Assemblies
Length of Exit Travel
Number of Exits (actual & required)
Other Information Pertinent to the Project

2 Sets of Plans are Required:

Design Professional Seals Must be on Plans
When Required.

Plot Plan or Survey is Required.

Soil Tests are Required For All New
Construction.

Allow a Minimum of Ten Working Days for
Completion of the Review if no
Revisions are Required.

Print Name of Submitter: _____

Signature: _____

TO BE COMPLETED BY STAFF:

Date Received: _____ Received By: _____ Fee: _____